State of California Department of Pesticide Regulation TRAVEL EXPENSE CLAIM DPR-027 (Rev. 3/04)

| | 1 | 0+-+- | Twin No | | | | [7] ~ | 1 | | | | | l m | | | | |
|--|------------------|----------|--|---|-------------------------------|------------|-------------|-----------------|-------------------|----------------|----------------------------|------------------|---------------------------|-----------------------------------|---------------------|----------------------------------|--|
| Out-of-State Trip No. Claimant's Name Mary-Ann Warmerdam | | | | | Travel | | | | | | Training | | | | | | |
| | | | | | Telephone Number 916-445-4000 | | | | | | Employee Number | | | | | | |
| Home Ad | | | | | City | 17. | | State | Zip (| Code | | Position | | | | | |
| 19 17 | | 政 | | 8 | | | | | Y | | | Direc | | | | | |
| Headquarters Address | | | | | City | | | State CA | Zip Code 95814 | | Branch Executive Office | | | | CB/I No. | | |
| 1001 I Street | | | | | Sacramento | | | | | | | | | | E | xempt | |
| | | D | (3) Location Where Expense Incurred (Between what Poi | | (4) Lodging | (5) Meal | | Dinner | (6) Incid'l | (7) (A) Cos | Transportation | | | | (8) | (9) Total Expenses for Day | |
| 7/09 | | | ` | , , | | | | | | | | | | | Business Expense | | |
| (2) Time | Time e | | | | | Breakfast | Lunch | | | | | Carfare Pkg. | | 1 | - | | |
| 1100 | cturn | 15 | Sacramento to Sto | ckton to Santa | 112.20 | | | 18.00 | | | SC | ╂ | Miles | Amt. | | 130.20 | |
| | 1700 | 16 | Cruz to Salinas an | d Return | 112.20 | 6.00 | 10.00 | | 6.00 | | SC | | <u> </u> | | 1 | 22.00 | |
| | | | PURPOSE: SPEA | | | | | | | | 1 | | | | 1 | 0.00 | |
| | | | SAFE EVENT; M | EET WITH CAC; | | | | | | | <u> </u> | | | | | 0.00 | |
| | | | MEET WITH GR ASSOCIATION | OWER SHIPPER- | | | | | | | | 1 | | | 1 | 0.00 | |
| $\neg \dagger$ | | | | | | | | | | | 1 | | | | | 0.00 | |
| | | | * | • | | | | | | | | | | | | 0.00 | |
| | | | | | | | <u></u> | | | | | | | | | 0.00 | |
| | | | | | | | | | <u> </u> | | | | | | 1 | 0.00 | |
| | | | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | | | 0.00 | |
| | | | ************************************** | | | | | | | | <u> </u> | | | | | 0.00 | |
| Sub Tot | al (A | cct. U | se Only) | | | | | | | | | | | | | | |
| ΓRAVI | | | | | \$ | | | | | | | | | | | | |
| 10) CL | | | | | | | | | | | | | , | \$ | | 152.20 | |
| (11) Pu | rpose | of Tr | ip, Remarks & | Details | | | | | | | | | (12) N | ormal W | ork Hours | | |
| | | | | | | | | | | | | | ` ′ | 0800-1700 | | | |
| | | | | | | | | | | | | | (13) Pi | 13) Private Vehicle License No. | | | |
| | | | | | | | | | | | | | | (15) Thrute volucie Election 140. | | | |
| | | | | | | | | | | | | | (14) Mileage Rate Claimed | | | | |
| | | | *** | *** | | | · | | | | | | | | | | |
| 15) I HE | REBY | CERTI | IFY, that the above | is a true statement nileage rates exceed | of the trav | el expense | es incurred | by me in a | ccordan | ce with D | PA rules in | the servi | ce of th | e State of | California | a. If a | |
| hat I hav | e met | the requ | irements as prescri | bed by SAM Section | ns 0750 - | 0754 perta | ining to ve | chicle safet | y and sea | at belt us | age. | equal to 0 | n greate | i man me | rate ciam | ied, and | |
| Cląima | n/S | gnatur | e () | / ₁ / | 1 | , | | | | | | | Date | | | | |
| |] " | W | Mari | Nahme | hala | M_ | | \ | | | | 07 | - 31 | .00 | 1 | | |
| (16) Si | gnati | ire of (| Officer Approv | ing Travel and | Paymen | <u> </u> | | Spe | cial Ex | pense A | Authoriza | tion (Se | e iten | 17 on | reverse) | | |
| | | | 1) Can | de Tien | K_ | | | | | | | | | | | | |
| | | (18 |) Program Use | ते ॥ | | | | A cco1 | inting 1 | Use On | lv. | | | | | | |
| | (18) Program Use | | | Accoun | | | | inting Use Only | | | | | | | | | |
| | - 1 | PCA | A % Ob | | ij. Code Amoun | | | t Tax | | | Non-Tax | Tax Check Number | | | TEC Amt. Due | | |
| Index | | 7 01 | | | | | | | | | | | | | | | |